

10/537732

JC20 Rec'd PCT/PTO 07 JUN 2005

Application Data Sheet

Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CFR:

Title: METHOD FOR IDENTIFYING MODULATORS
OF HUMAN OREXIN-2 RECEPTOR

Attorney Docket Number: JJPR-0177

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: 1

Total Drawing Sheets: 3

Small Entity?: No

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Steven
Middle Name: W.
Family Name: Sutton
Name Suffix:
City of Residence: Carlsbad
State or Province of Residence: California
Country of Residence: United States of America
Street of mailing address: 6046 Paseo Alameda
City of mailing address: Carlsbad
State or Province of mailing address: California
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 92009

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Timothy
Middle Name: W.
Family Name: Lovenberg
Name Suffix:
City of Residence: San Diego
State or Province of Residence: California
Country of Residence: United States of America
Street of mailing address: 13252 Courtland Terrace
City of mailing address: San Diego
State or Province of mailing address: California
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 92130

Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing

Address:

Phone number:

Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/433,411	December 13, 2002

Foreign Priority Information

Country: **Application No.:** **Filing Date:**

Assignee Information

Assignee name: Janssen Pharmaceutica N.V.
Street of mailing address: Turnhoutseweg 30
City of mailing address: Beerse
State or Province of mailing address:
Country of mailing address: Belgium
Postal or Zip Code of mailing address: B-2340